



Eliot Spitzer
Governor

**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE**
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

David A. Hansell
Commissioner

Informational Letter

Section 1

Transmittal:	07-INF-06
To:	Local District Commissioners
Issuing Division/Office:	Division of Program Support and Quality Improvement
Date:	May 15, 2007
Subject:	Revisions to the LDSS-4148A - <u>What You Should Know About Your Rights and Responsibilities (When Applying For or Receiving Social Services)</u>
Suggested Distribution:	Temporary Assistance Directors Food Stamp Directors Medical Assistance Directors Directors of Services CAP Coordinators Staff Development Coordinators Child Support Enforcement Coordinators Employment Coordinators Forms Coordinators EBT Coordinators
Contact Person(s):	Forms Questions: Jacqueline Brace, Document Services and Operational Support: (518) 474-9522 Program Questions: Temporary Assistance - (518) 474-9344 or 1(800) 343-8859 Food Stamp Bureau - (518) 473-1469 HEAP - (518) 473-0332 Metro Region - (212) 961-8207 WMS Questions: (518) 474-8749 Office of Health Insurance Programs - Medicaid Services, Local District Liaison: Upstate: (519) 474-8887 New York City: (212) 714-4500
Attachments:	LDSS-4148A: What You Should Know about Your Rights and Responsibilities (When Applying For or Receiving Benefits) (Rev. 2/07)
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
06 ADM-05 06 ADM-02 06 ADM-01 05 ADM-03 04 ADM-05 03 ADM-11 03 ADM-10 03 ADM-07 02 ADM-02 01 ADM-04 01 ADM-03 99 ADM-07 97 ADM-24 97 ADM-23 97 ADM-21 97 ADM-20 93 ADM-89 92 ADM-26 91 ADM-44 91 ADM-40 91 ADM-37 91 ADM-29 91 ADM-22 90 ADM-42 90 ADM-41 90 ADM-27 90 ADM-9 06 INF-32 05 INF-20 04 INF-24 04 INF-20 03 INF-9 01 INF-16 97 INF-17 93 INF-26 92 INF-12 91 INF-60 91 INF-12		387.2	CFR 273.2 (b) & (c)	PASB	95 LCM-87 95 LCM-68 90 LCM-45 90 LCM-30 GIS 94-MA/004

Section 2

I. Purpose:

The purpose of this release is to inform local districts that the following Client Information Book has been revised significantly (copy attached):

LDSS-4148A (Rev. 2/07): “What You Should Know About Your Rights and Responsibilities (When Applying For or Receiving Social Services)”

II. Background:

Client Information Book 1, LDSS-4148A was last revised in November 2002.

Numerous program and policy changes that had occurred since the last printing have been incorporated in this revised LDSS-4148A. The LDSS-4148A also provides information pertaining to eligibility and other program requirements for individuals who apply for or receive Temporary Assistance, Medical Assistance, Food Stamp Benefits or Services.

The LDSS-4148A provides information to describe the rights and responsibilities of individuals who apply for Temporary Assistance, Medical Assistance, Food Stamps or Services. The LDSS-4148A also provides information pertaining to eligibility and other program requirements, such as employment and child support for individuals who apply for, or receive, Temporary Assistance, Medical Assistance, Food Stamps or Services.

Local Districts must continue to distribute the LDSS-4148A, LDSS-4148B and LDSS-4148C as outlined in releases 93 INF-26, 91 INF-60 and 90 ADM-41.

The LDSS-4148A must be distributed to all applicants for Medical Assistance with the following exceptions:

- Prenatal Care Assistance Providers (PCAPs)
- Family Planning Providers

These providers are not required to distribute the LDSS-4148A, B, or C.

III. Program Implications:

The LDSS-4148A was reviewed and updated for accuracy and clarity. Note the revisions to this form are extensive for all areas.

IV. Forms Ordering Information:

- The revised 2/07 version of the LDSS-4148A is stocked in the Albany and NYC warehouses. Your district has automatically received copies. Any previous versions must be destroyed.
- The other than English versions of the LDSS-4148A will be translated shortly.
- Any future requests for printed copies of the 2/07 version of the LDSS 4148A should be submitted on an OTDA-876 "Request For Forms or Publications" and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
P.O. Box 1990
Albany, New York 12201

Questions concerning ordering forms should be directed to BMS Document Services and Operational Support at 1-800-343-8859, ext. 4-9522.

- Documents also may be ordered through Outlook. To order the forms, you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at

<http://otda.state.nyenet/> then to the Division of Program Support & Quality Improvement page, then to PSQI E-Forms page (this page contains the electronic OTDA-876).

- For those who do not have Outlook, but who have Internet access for sending and receiving email, the Internet email address is: gg7359@otda.state.ny.us. For a complete list of available forms, please refer to OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By

Name: John M. Paolucci

Title: Deputy Commissioner

Division/Office: Division of Program Support & Quality Improvement

New York State

WHAT YOU SHOULD KNOW ABOUT YOUR RIGHTS AND RESPONSIBILITIES

(When Applying For or Receiving Benefits)

BOOK 1

Also See

BOOK 2 (LDSS-4148B)
“WHAT YOU SHOULD KNOW ABOUT SOCIAL
SERVICES PROGRAMS”

and

BOOK 3 (LDSS-4148C)
“WHAT YOU SHOULD KNOW IF YOU HAVE AN
EMERGENCY”

SAVE THIS BOOK FOR FUTURE USE

TABLE OF CONTENTS

	PAGE
INTRODUCTION	2
YOUR RIGHTS	
1. Application Rights	3
2. Nondiscrimination Rights.....	4
3. Personal Privacy Rights	5
4. Your Right To Look At Your Records.....	6
5. Conferences and Fair Hearings	7
6. Employment Rights	10
7. Rights Of Children And Fathers When Paternity Is Established In Court	11
8. Rights Regarding Paternity And Child Support Legal Actions and Representation.....	12
9. Rights Regarding Child Care.....	12
10. Rights Regarding Support Pass-Through And Excess Support Payments-Temporary Assistance	13
11. Your Right To Ask For Restricted Payment For Temporary Assistance.....	14
12. Your Rights If You Are Suspected Of Fraud	14
13. Your Right To Register To Vote	14
14. Your Rights Regarding Faith Based Service Providers.	14
YOUR RESPONSIBILITIES	
1. General Responsibilities.....	15
2. Responsibility To Provide Truthful And Accurate Information.....	15
3. Responsibility To Provide Proof	17
4. Responsibility To Enroll in the Automated Finger Imaging System	21
5. Responsibility To Report Changes.....	22
6. Responsibilities Regarding Your Common Benefit Identification Card	25
7. Responsibility To Access Your Food Stamp Benefits	25
8. Responsibility To Repay Your Benefit Overpayments	25
9. Employment Responsibilities	26
10. Responsibilities Regarding Child Care.....	28
11. Responsibilities Regarding Child And Spousal Support	29
12. Responsibility To Complete The Alcohol And Substance Abuse Screening For TA	31
13. Responsibility To Participate In Substance Abuse Rehabilitation For Medical Assistance	31
14. Responsibilities Regarding The Use Of Medical Assistance Providers	32
15. Recertification Responsibilities.....	32
16. Minor Parents Responsibilities Applying For Or Getting Temporary Assistance	33
17. Your Responsibilities Regarding Temporary Housing If You Are Homeless	33
18. Your Responsibility To Apply For Supplemental Security Income (SSI).....	34

PLEASE NOTE:

This book tells you about many of your rights and responsibilities when you are applying for or getting social services benefits or care.

It is intended to give you a general understanding of rights and responsibilities contained in State and federal laws, rules and regulations. Please ask your worker for further information if you have specific questions.

INTRODUCTION

This book (**LDSS-4148A**: “What You Should Know About Your Rights and Responsibilities”) is one of three that answers most questions about the assistance we can give you. This book tells you about your rights and responsibilities when you apply for and when you receive benefits.

The second book (**LDSS- 4148B**: “What You Should Know About Social Services Programs”) gives specific information about each program, and the third book (**LDSS-4148C**: “What You Should Know If You Have An Emergency”) tells you what to do if you have an emergency.

Throughout these books we call the public assistance programs “Temporary Assistance”. (Officially they are called “Family Assistance” and “Safety Net Assistance”.) The reason for the word “Temporary” is to stress that these programs are meant to assist you only until you can fully support yourself and your family.

These books also refer to Medical Assistance. Medical Assistance includes Child Health Plus A coverage for children, Medicaid coverage for adults, Family Health Plus, Medicaid Buy-In Program for Working People with Disabilities, Medicare Savings Program, and the Family Planning Benefits Program.

These books also refer to Services. Services include such things as child care, foster care, child welfare, adoption, and others.

YOUR RIGHTS

1. APPLICATION RIGHTS

You have the right to:

- Be told about the programs and help you can get.
- Be told what you need to do to get these programs.
- Apply for these programs.
- Get an Application when you ask for one.
- Turn in (file) the Application the same day you get it (for Temporary Assistance and Food Stamp Benefits).

NOTE: A Food Stamp Benefits Application must be accepted if you have filled in at least your name, address (if you have one) and signature. This is important because the amount of your Food Stamp Benefits is figured from the day you turn in your Food Stamp Benefits Application. You could get more Food Stamp Benefits if you turn in your application the same day you get it. Please note, however, that you will have to fill out the rest of the application to see if you can get Food Stamp Benefits.

- Mail in your application if you are applying only for child care services.
- Have an interview.
 - For Medical Assistance (Medicaid/Child Health Plus A/Family Health Plus/ Medicaid Buy-In program for Working People with Disabilities/ Medicare Savings program/Family Planning Benefit program) there is no specific time frame within which you or your representative must be interviewed. However, you must be interviewed before eligibility can be established.
 - For Temporary Assistance, this interview should be within seven working days.
 - For Food Stamp Benefits, the interview must be scheduled timely in order to ensure a determination of eligibility and benefit issuance within 30 days of application filing.
 - For Food Stamp Benefits, you have the right to request that the in-office interview be waived in hardship situations. Hardship generally includes, but is not limited to, illness, transportation difficulties, care of a household member, hardship due to residency in a rural area, prolonged severe weather, or work or training hours that prevent you from coming in during the social services district's office hours. The in-office interview will be waived, at your request, if all the adult members of your household are elderly or disabled with no earned income. The agency may waive the in-office interview in favor of a telephone interview or scheduled home visit. In-person interviews may be scheduled in advance at any mutually acceptable location including a household's residence.

If an applicant is unable to attend the interview, he or she can designate **in writing** an authorized representative, someone who is not a member of the household, to attend the interview for the household. He or she can be a friend, a relative, or anyone else the applicant chooses. This person must have the necessary documentation and be able to give the local department of social services (LDSS) the information it needs to determine eligibility. The selection of an authorized representative is the choice of the household. If an applicant wants someone to act as an authorized representative, both the applicant and the authorized representative must sign the application.

When the application is for Medical Assistance only, the application may be completed and signed by anyone the applicant authorizes to represent him/her in the application process. This representative may attend the interview for the applicant.

NOTE: If you are applying for Temporary Assistance, and you tell us today that you have an emergency, we must interview you today about your emergency. We must also tell you in writing today about our decision on your emergency. If you are applying for Food Stamp Benefits, and you are eligible for expedited processing, your interview and the notice of our decision will be no later than five calendar days after the day you filed your application.

- Bring someone to your interview to interpret for you. If you need an interpreter, the agency will arrange for one. You cannot be denied access to services because you are not fluent in English. Hearing or speech impaired applicants/recipients may consider utilizing TTY/TTD relay systems to gain access to services.
- Have the same access to social services programs, if you have a disability, as someone who does not have a disability.

- Be told, within 30 days of the date you turned in (filed) your Application for Family Assistance and Food Stamp Benefits, if your Application is approved or denied; be told within 45 days of the date you turned in (filed) your Application for **Safety Net Assistance**, if your Application is approved or denied.
- Have a decision made to approve or deny your application for Services within 30 days of the date you turned in (filed) your application, and have written notice of that decision sent to you within 15 days after the decision is made. However, a decision to approve or deny protective services for adults must be made at the time a protective service for adults assessment services plan is completed.
- Be notified if you are eligible for Medical Assistance or if your application is denied when your application for Medical Assistance, including your interview, is completed. The time frame for you to be notified varies:
 - Pregnant women and young children must be told within 30 days of filing the Application;
 - If a person's eligibility is dependent on disability status, the person must be told of the eligibility decision with 90 days of filing the Application; and
 - All other persons must be told within 45 days of filing the Application.
- Get a written notice telling you if your Application is approved or denied:
 - If your Application is approved, this notice will tell you what benefits you will get;
 - If your Application is denied, this notice will tell you why and what you should do if you disagree or do not understand this decision.

NOTE: If your application for Temporary Assistance is approved and you are an adult with no children, your category of Temporary Assistance will generally be Safety Net Assistance. Some families with children will receive Safety Net Assistance.

People in Safety Net Assistance cases will not get recurring Temporary Assistance for any period prior to 45 days from the date of application. People in the Safety Net Assistance Category may be able to get help to meet emergencies during the 45 day period that they cannot get recurring benefits. (See LDSS-4148C: "What You Should Know If You Have An Emergency".)

People in the Safety Net Assistance category who are eligible for Food Stamp Benefits do not have to wait any longer for those benefits than any other applicant.

2. NONDISCRIMINATION RIGHTS

Discrimination by the New York State Office of Temporary and Disability Assistance (OTDA), by the New York State Department of Health, by the New York State Office of Children and Family Services or by your local department of social services based on race, religion, ethnic background, marital status, disability, sex, national origin, political belief or age is illegal.

If you think you have been discriminated against in a **Temporary Assistance** program, **which includes Family Assistance and Safety Net Assistance**, or that your case has been handled improperly due to some type of discrimination, you can complain by calling or writing to the:

**Bureau of Equal Opportunity Development (BEOD)
New York State Office of Temporary and Disability Assistance
40 North Pearl Street 16D
Albany, New York 12243-0001
(518) 473-8555**

BEOD will refer the complaint to the local department of social services for investigation, and send a copy of the transmittal letter to the complainant. When a complaint has been referred by OTDA to a local department of social services a report must be submitted within 20 days of the date of such request and shall cover fully all matters pertaining to the complaint, as required by 18 NYCRR Part 356.3(e.). If the time limit cannot be met, an interim report should be sent. OTDA may provide feedback to the local department of social services concerning any matters covered in the report pertaining to the complaint, and may undertake further review of the complaint, in consultation with the local department of social services if determined necessary.

If you think you have been discriminated against in the **Food Stamp Benefits** program, you can also complain by writing to the:

**USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
(Voice and TDD: (202) 720-5964)**

Your discrimination complaint will be investigated, and you will be told in writing of the findings.
If you think you have been discriminated against on the basis of disability, you can also complain by writing to:

Disability Rights Section
P.O. Box 66738
Washington, D. C. 20035-6738
or

Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 506-F
Washington, D.C. 20201
or

call the Office for Civil Rights at 1-800-368-1019 (voice) or 1-800-537-7697(TDD)

Your discrimination complaint will be investigated, and you will be told in writing of the findings.

If you feel you have been discriminated against in the **Medical Assistance** program, you can call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book.

If you feel you have been discriminated against in **Temporary Assistance, Food Stamp Benefits** and their related employment programs, **Medical Assistance, Services** or **Child Care**, you can contact the New York State Division of Human Rights in Albany.

You can also call or write to one of the regional offices of the New York State Division of Human Rights, which can be found in the Government pages of the telephone book. Some cities and counties in New York State also have human rights commissions that investigate discrimination complaints. Check your telephone book for a listing.

3. PERSONAL PRIVACY RIGHTS

The New York State Personal Privacy Protection Law and the federal Privacy Act require the New York State Office of Temporary and Disability Assistance, the New York State Office of Children and Family Services and the New York State Department of Health to tell you what it does with the information, including social security numbers, that you give the State (or, in certain instances, to your local department of social services) about you and your family. The Privacy Act statement is on your application form.

This information, including your social security number, is used to find out which programs can help you, and is also used to find out how much money and other help you can get. Following are some other uses for the information:

- Upon request of a law enforcement officer in certain circumstances, a local department of social services must provide the address of Temporary Assistance and Food Stamp Benefits recipients.
- In some cases, information you supply is used to form jury pools.
- In some cases, information is shared with the United States Citizenship and Immigration Services (USCIS) (in the Department of Homeland Security). **Note:** Medical Assistance will not give the information you provided concerning your immigration/citizenship status to the United States Citizenship and Immigration Services (USCIS).
- Information is used for child support purposes.
- Information is shared with other states and agencies that provide similar assistance, in order to prevent duplication and fraud.

Whenever you are asked for information, you must give it so that it can be used to see if you can get money or other help. The parts of law that oblige New York State Office of Temporary and Disability Assistance, New York State Department of Health and local departments of social services to get information about you and to verify this information are Sections 21, 132, 134-a and 366-a of the Social Services Law and Section 1137 of the Federal Social Security Act.

To make sure you are getting the money or other help that you and your family are legally allowed to get, other people may be asked to confirm and add to the information you have already given us. For example:

- To find out if you are or were working, and, if so, how much money you made, your name and social security number are sent to the New York State Department of Taxation and Finance, and also to known employers. In some cases your name and social security number may be sent to government agencies in other states to find out if you worked or got money or other help in those states.

NOTE: If you are applying for or getting Temporary Assistance or Medical Assistance, we may give your children's social security numbers to their non-custodial parent in order to enroll the children in their noncustodial parent's health insurance coverage and, if necessary, to begin child support enforcement services. If you are applying for Medical Assistance only, we may pursue the noncustodial parent of your children for medical support only.

- The Unemployment Insurance Division in New York State and similar offices in other states are asked if you are or were getting unemployment benefits.
- Banks may be asked to see if you have a bank account(s), or confirm that you have one and how much money is in your account(s).
- Schools may be asked to confirm that your children go there.
- The New York State Department of Motor Vehicles may be asked if you own a car.
- The Social Security Administration is asked for employment information and to see if you get pension or disability benefits.
- The Departments of Defense and Veterans Affairs are asked if you are eligible for and/or in receipt of compensation and/or pension benefits.
- The Internal Revenue Services may be asked about federal tax information (1099) if you are applying for or in receipt of Temporary Assistance, to determine your income or resources.

Personal privacy rights also apply to all Medical Assistance and Services applicants and participants.

All of the information you provide on a Medical Assistance application will remain confidential. The only people who will see the information are the enrollment facilitators and the State or local agencies, and health plans who need to know this information in order to determine if you (the applicant) and your household members are eligible. The person helping you with your application cannot discuss the information with anyone, except a supervisor or the State or local agencies or health plans which need this information.

You may use a confidential mailing address if you do not want information concerning your eligibility for the Family Planning Benefit Program (FPBP) to go to your regular address. If you need to keep your family planning information confidential from your health insurance provider, tell your worker.

Besides using the information you give us in this way, the New York State Office of Temporary and Disability Assistance (OTDA) also uses the information for program planning and management and to make sure local departments of social services are doing the best job they can ("**quality control**"). This information is kept by the Deputy Commissioner, Division of Information Technology (DoIT), Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, N. Y. 12243-0001

The New York State Office of Temporary and Disability Assistance (OTDA) is also doing research to learn whether our programs are effective in helping Temporary Assistance applicants and recipients find and keep jobs. This research is very important. It helps us improve services that affect thousands of Temporary Assistance clients like you.

In order to carry out this research, it is necessary to track the wages of samples of Temporary Assistance applicants and recipients for up to 10 years using the State's Wage Reporting System. This wage information is used only for research purposes. **It does not affect your eligibility for Temporary Assistance in any way.** All the wage information collected for the research is kept strictly confidential. Only the people doing the research see the wage information and they do not have access to the names of individual applicants and participants. If you are included in the research, you will never be named in any report and no information about your wages will ever be given out. If you object to the use of your wage reporting records, you can request that they be excluded from the research by writing to:

**New York State Office of Temporary and Disability Assistance
Office of Program Evaluation
40 North Pearl Street
Albany, New York 12243**

4. YOUR RIGHT TO LOOK AT YOUR RECORDS

Once you apply for money or other help, **two** kinds of records are kept about your case. Usually, you have the right to look at these records.

You may **not** be able to look at all of your records. For example, you may not be able to look at all or part of child support, adoption, foster care, child protective and preventive records. Your worker can explain these rules to you.

CASE RECORD -The **first** type of record is called your **case record** and contains all the papers about your case, **and** is accessible through your local department of social services. Your case record may include your application, copies of birth certificates, pay stubs, notes taken by your worker during your interviews and any other information about your case.

Usually, you have the right to look at your case record during working hours. However, you must ask your local department of social services ahead of time in order to do this. You can ask for copies of the papers that are in your case record, but you may have to pay for copying these papers. If the papers will be used at or are needed for a Fair Hearing, copies of them must be given to you for free.

COMPUTER RECORDS –The **second** type of record is kept on computer systems maintained by the New York State Office of Temporary and Disability Assistance, (OTDA) the New York State Department of Health (DOH), or the New York State Office of Children and Family Services (OCFS). The information about your case is put in these State computer systems by your local department of social services and/or by voluntary authorized agencies that provided services to you and your family. In most cases, you also have the right to see your computer records kept by the State. In general, you should make your inquiry to the local department of social services to which you applied, or that is providing services to you and/or your family. Consult with your worker where to direct your request.

For copies of your specific Medicaid Protected Health information, a written request must be sent to:

**Claim Detail Unit
NYS Department of Health
Office of Medicaid Management
99 Washington Ave
7th floor, Suite 729
Albany, NY 12210**

When you write for copies of your computer records, the Personal Privacy Protection Law requires that New York State agencies, within five working days of when they get your letter, must:

- send you your records; **or**
- tell you why they will not give you your records; **or**
- tell you they have your request and they will determine if you are allowed to get your records.

5. CONFERENCES and FAIR HEARINGS

If you think any decision about your case is wrong, or you do not understand any decision, talk to your worker right away. If you still disagree or do not understand, you have the right to a **Conference** and a **Fair Hearing**.

CONFERENCE - A Conference is when you meet with someone other than the person who made the decision about your case. At the Conference this person will review that decision. Sometimes a Conference is the fastest way to solve any problems you may have. We encourage you to ask for one **even if you have requested a Fair Hearing**. However, Conferences are voluntary, and you can request a Fair Hearing even if you do not request a Conference. To ask for a Conference, call or write your local department of social services.

A CONFERENCE IS NOT A FAIR HEARING. If you are told that your case is being closed, or that the money or other help you are getting will be less, and the problem is not settled through a Conference, you must ask for a **Fair Hearing** to keep the money or other help you are getting from being stopped or reduced.

NOTE: A request for a Conference is not a request for a Fair Hearing. If you want a Fair Hearing, you must request one.

Fair Hearing - A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance why you think the decision about your case was wrong. The State will then issue a written decision which will state whether the local department of social services decision was right or wrong. The written decision may order the local department of social services to correct your case.

Some Reasons Why You Might Ask For A Fair Hearing

- You agreed to withdraw your application but you feel you were given incorrect or incomplete information about your eligibility for the covered program or service.
- Your Application for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services, Child Care or Home Energy Assistance Program (HEAP) is denied, and you do not agree with this decision.
- You applied for Temporary Assistance, Food Stamp Benefits, Services or HEAP and more than 30 days have passed. You have not been told yet if your Application has been approved or denied. For some adults applying for Temporary Assistance, the decision may take up to 45 days.

- You believe that your Temporary Assistance, Medical Assistance, Services, Child Care or HEAP are inadequate.
- You applied for Medical Assistance and have not received a notice telling you if your Application has been approved or denied.
 - If you are pregnant or applying for a young child, you should get a notice within 30 days.
 - If you are applying as a disabled person, your eligibility determination may take 90 days.
 - Everyone else is notified within 45 days.
- You are told that you are able to work or to participate in an employment activity (employable), and you do not agree with this.
- You think the amount of your Temporary Assistance or Food Stamp Benefits or Child Care Benefits is wrong.
- You are getting Medical Assistance or Child Care benefits, but you have to pay part of the cost. You think your share is too much.
- Medical Assistance is paying for a service and you have been told that your service is being reduced or discontinued. You do not agree with this.
- You have applied for a Medical Assistance waiver program and have been denied. You do not agree with this.
- You have been told that, due to your abuse of Medical Assistance, you must get your medical care from one main provider (Recipient Restriction Program). You do not agree with this decision. (**See "Your Responsibilities," Section 14, "Responsibilities Regarding The Use Of Medical Assistance Providers".**)
- You are getting Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care and you have been told that your case is being closed. You do not agree with this decision.
- You asked for removed cash Electronic Benefit Transfer (EBT) benefits to be reissued to you, and they were not reissued.
- You asked for an adjustment (correction) of your Food Stamp Benefit EBT account and your request was denied.
- Your Food Stamp Benefit EBT account was reduced to correct an EBT system error, and you do not agree with this action.
- Your local department of social services uses part of your Temporary Assistance to pay directly for your bills such as heat, rent, utilities (restricted payments). You do not agree with this.
- You ask for more assistance or services for a special need and you are told you cannot get it. You do not agree with this.
- You are getting Temporary Assistance or Food Stamp Benefits, Services or Child Care benefits each month and you are told that you will be getting less. You do not agree with this.
- You are told you received an overpayment for child care services, Temporary Assistance or Food Stamp Benefits and you are told you will have to pay the overpayment. You do not agree that there is an overpayment or you do not agree with the amount of the overpayment.

At a Fair Hearing you will have a chance to explain why you think the decision is wrong.

TIME LIMITS TO ASK FOR A FAIR HEARING - If you want to ask for a Fair Hearing for Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services or Child Care, call **right away** because **there are time limits**. If you wait too long, you may not be able to get a Fair Hearing.

<p>NOTE: If your situation is very serious, the New York State Office of Temporary and Disability Assistance will set up a Fair Hearing for you as soon as possible. When you call or write for a Fair Hearing, be sure to explain that your situation is very serious.</p>
--

If you do get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how much time you have to ask for the Fair Hearing. **Be sure to read all of the notice carefully.**

If your notice tells you that your **Temporary Assistance, Medical Assistance, Services or Child Care** has been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within **60** days from the date of the notice.

If your notice tells you that your **Food Stamp Benefits** have been denied, will be stopped or will be reduced, you may ask for a Fair Hearing within **90** days from the date of the notice. You may ask for a Fair Hearing if you think you are not getting enough Food Stamp Benefits at anytime within the certification period.

If you do not get a notice about your case, and your money or other help is denied, stopped or reduced you can also ask for a Fair Hearing.

HOW TO ASK FOR A FAIR HEARING

If you do get a notice about your case and you want to ask for a Fair Hearing, the notice will tell you how. **Be sure to read all of the notice carefully.**

If you get a notice telling you that your money or other help will be stopped or reduced, and you ask for a Fair Hearing before the **effective date** on your notice, your money or other help will, in most instances, stay the same ("**aid continuing**") until the Fair Hearing decision is made. If the notice was not sent before the effective date, and you ask for a Fair Hearing within **10** days of the **postmark date** of the notice, you also have the right to have your money or other help stay the same ("**aid continuing**") until the Fair Hearing decision is made.

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any Temporary Assistance, Food Stamp Benefits, Medical Assistance and/or Child Care benefits that you received as "aid continuing" while waiting for the Fair Hearing decision.

If you **do not** want the money or other help you have been getting to stay the same until the Fair Hearing decision is made, you must tell this to the New York State Office of Temporary and Disability Assistance when you call or write for a Fair Hearing.

If you do not get a notice about your case, and your money or other help is stopped or reduced, you can still ask for a Fair Hearing. At the same time that you ask for a Fair Hearing, you can ask that your money or other help be restored ("**aid continuing**").

However, if you do get "**aid continuing**" and you lose the Fair Hearing, you will have to pay back any Temporary Assistance, Food Stamp Benefits, Medical Assistance and/or Child Care benefits that you received as "aid continuing" while waiting for the Fair Hearing decision.

WHAT YOU SHOULD DO FOR A FAIR HEARING

The New York State Office of Temporary and Disability Assistance will send you a notice, which tells you when and where the Fair Hearing will be held.

To help you get ready for the Fair Hearing, you have the right to look at your case record and get free copies of the forms and papers which will be given to the Administrative Law Judge at the Fair Hearing. You can also get free copies of any other papers in your case record which you think you may need for the Fair Hearing. Usually, you can get these papers before the hearing or at the hearing at the latest. If you ask for any papers, and the local department of social services does not give them to you before or at the hearing, you should tell the Administrative Law Judge about it. ("**See Your Rights,**" **Section 4, "Your Right To Look At Your Records"**.)

You can bring a lawyer, a relative or a friend to the Fair Hearing to help you explain why you think a decision about your case is wrong. If you cannot go to the Fair Hearing, you can send someone else in your place. If you are sending someone who is not a lawyer to the Fair Hearing, you should give this person a letter to give to the Administrative Law Judge. This letter should tell the Judge that this person is taking your place.

To help you explain at the Fair Hearing why you think the decision is wrong, you should also bring any witnesses who can help you and any information you have such as:

- **Pay stubs**
- **Bills**
- **Receipts**
- **Leases**
- **Doctor's Statements**

Someone from your local department of social services will also be at the Fair Hearing to explain the decision about your case. You or your representative will be able to question this person and present your side of the case. You or your representative will also be able to question any witnesses who you bring to help you.

If you think you need a lawyer to help you with your Fair Hearing, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services Office. For the names of other lawyers, call your local Bar Association.

NOTE: If you ask, you will be able to get back the money you had to pay for public transportation, child care and other necessary expenses to go to the fair hearing. If no public transportation is available, you may be able to get back the money you had to pay for another type of transportation. If you are unable to use public transportation because of a medical problem, you may be able to get back the money you had to pay for another type of transportation. However, you may be asked to provide medical verification.

If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.

Telephone: Statewide toll free request number is 800-342-3334. Please have the notice, if any, with you when you call.

Fax: your Fair Hearing Request to: 518- 473-6735

Online: Complete online request form at <http://www.otda.state.ny.us.us/oah/forms.asp>

In writing: For notices, fill in the supplied space and send a copy of the notice, or write to:

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, New York 12201-1930**

Please keep a copy of any notice for yourself

If your request involves any issues about health benefits or services provided under your Managed Care Plan or Managed Long Term Care you can write to:

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Managed Care Hearing Unit
P.O. Box 22023
Albany, New York 12201-2023**

Fax: your copy of the notice, or your Written Request to (518) 473-6735

You may also make your request in person by walking into the offices listed below.

Walk-In Bring a copy of the notice, or ask for a hearing on a matter not based on a notice, to:

**Office of Temporary & Disability Assistance
Office of Administrative Hearings
14 Boerum Place
Brooklyn, New York**

or

330 W. 34th Street, 3rd Fl., New York, New York

or

**NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Fair Hearings
P.O. Box 1930
Albany, NY 12201-1930**

<p>NOTE: For New York City emergency fair hearings only – Call (800) 205-0110. Do not use this telephone number for anything except emergencies. Requests that do not involve emergencies will not be taken at this number.</p>
--

6. EMPLOYMENT RIGHTS

For Temporary Assistance

If you do not agree that you are able to work, or if you believe that you have a disability that limits your ability to work, you should notify the local department of social services. You will be notified of the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you believe you will not be able to comply with some or all the employment requirements because of domestic violence, you may be eligible for a temporary waiver of these requirements. To request a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you have a physical or mental health impairment that substantially limits one or more major life activities, have a record of such impairment or are regarded as having such impairment, you may have rights under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. Physical or mental health impairments include, for example, learning disabilities, mental retardation, depression, mobility impairments, and hearing or vision impairments. Having a disability will not disqualify you from receiving Temporary Assistance.

The local department of social services will ask you if there is anything, including a physical or mental health impairment, that might affect your ability to participate in work activities, including employment. You are not required to tell the local department of social services if you have a disability if you do not want to, however, you may then be required to participate in work activities, including employment, without an accommodation for your disability. Any health information you provide to the local department of social services will be kept confidential and will be used to determine if you need services and reasonable accommodations to help you participate in work activities. Reasonable accommodations may include, for example, reduced or changed work hours to allow for disability related appointments, accessible work sites for those with mobility impairments, and specialized programs. If your disability is adequately documented, the local department of social services will assign you to work activities that are consistent with your limitations.

If you do not agree with your work activity assignment or you think you are unable to perform the assignment due to health related limitations, including if you do not think the local department of social services adequately accommodated your disability, you may request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to talk about why you disagree with your work activity assignment. A person who is not directly responsible for your case will be present at the conference. This person will try to resolve any problems. If you request a conciliation conference, you are still expected to continue to comply with your work activity assignment. You may also request a fair hearing to tell an Administrative Law Judge why you do not agree with your assignment. If you are assigned to an employment or training program provided by a religious organization, you have the right to receive services of similar value from a different provider.

If your local department of social services assigns you to a work activity assignment and you do not do what you are required to do, you may be offered the opportunity to request a conciliation conference. A conciliation conference is a meeting with staff from your local department of social services to explain why you did not participate. If the local department of social services decides you had good cause for not participating when you were required to, you may not be sanctioned. If you do not agree with your local department of social services that you did not have good cause for not participating, or if you do not request a conciliation conference when you are offered one, and your local department of social services sanctions you, you may also request a Fair Hearing to tell an Administrative Law Judge why you did not participate.

You should inform the local department of social services if you need help with expenses, such as child care or transportation in order to participate in work activities, including employment. If you indicate that you need help with any employment or work activity related expenses, the local department of social services will inform you how to access any available services and provide reimbursement to cover the costs of expenses that the district determines are necessary for you to participate in work activities. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care.

For Food Stamp Benefits

If you do not agree that you are able to work, you should notify the local department of social services that you believe you should be exempt from participation in work activities. You will be notified by the local department of social services determination regarding your claim. If the local department of social services disagrees with you, you may request a fair hearing to tell an Administrative Law Judge why you think you are not able to work.

If you are required to participate in food stamp work activities, you may be able to get help paying for certain work-related expenses. You also may be able to receive assistance with child care costs.

You should inform the local department of social services if you need help getting child care or paying for work-related expenses such as transportation. If you are unable to locate necessary child care for a child who is under thirteen years of age, the local department of social services will help you locate child care.

For Medical Assistance

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

7. RIGHTS OF CHILDREN AND FATHERS WHEN PATERNITY IS ESTABLISHED IN COURT

When a court has established who is the father of a child, the father and the child each may have rights, as explained below:

- | | |
|--|--|
| <p>A. The child may have the right to:</p> <ul style="list-style-type: none">• Disability benefits if the father becomes disabled• Death benefits if the father dies• An inheritance when the father dies• Child support payments until the age of 21 | <p>B. The father may have the right to:</p> <ul style="list-style-type: none">• Get custody of the child• Visit with the child• Take part in any foster care, adoption or other permanency planning for the child• Inherit from the child |
|--|--|

8. RIGHTS REGARDING PATERNITY AND CHILD SUPPORT LEGAL ACTIONS AND REPRESENTATION

You have the right to be told about any paternity or child support court actions involving you or your child, including the right to be informed of the time, date and place of such court actions. You have the right, and may be required to, appear in court at the time of any paternity or child support action involving you or your child.

If any paternity or child support actions are brought in court, your local department of social services will have a lawyer or other representative who will **only** try to prove your child's paternity. This lawyer or representative only represents the local department of social services and **not** you personally. This lawyer or representative **will not** handle any custody, visitation or other legal issues not related to child support.

Any information you give this lawyer or representative **may not** stay private. Any information indicating welfare fraud may be reported.

If you think you need a lawyer to help you, you may be able to get a lawyer at no cost to you by calling your local Legal Aid or Legal Services office. For the names of other lawyers, call your local Bar Association.

If you believe compliance with paternity establishment or child support enforcement will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from some or all child support activities. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

9. RIGHTS REGARDING CHILD CARE

You have the **right to receive information** about how to locate a child care provider. This information could be provided in a number of ways.

- Your worker can give you the name and telephone number of a Child Care Resource and Referral Program or other similar program which can help you find a child care provider; **or**
- Your worker can give you a list with the name, address and telephone numbers of child care providers.
- You have the **right to choose** the child care provider for your child. This could be a provider who is licensed or registered or it could be a relative, a friend of the family or a trusted neighbor. If you choose someone who is not licensed or registered they will need to complete a child care enrollment form to see if they are eligible for payment.

You have the right to choose child care in lieu of Temporary Assistance (TA). You may decide that instead of receiving TA, what you really need is help paying for child care. Families who are applying for or are receiving TA and need child care in order to work, may be eligible for a child care guarantee for working families. Eligibility for this child care guarantee does **not** have a 60-month time limit. You can continue to receive child care benefits for as long as you are eligible.

You are eligible for this guarantee if you are applying for TA and choose child care instead of TA or if you are receiving TA and ask that your TA case be closed, and:

- your income is within TA limits;
- you are working the number of hours required by TA;
- you need child care for a child under age 13 so you can work;
- you are using an eligible child care provider; and
- you receive court-ordered child support, are cooperating with the Child Support Enforcement Unit to get support, are trying to get court-ordered support through other means or have demonstrated good cause not to seek support.

If you are eligible for TA and decide that all you really need is child care, your worker can tell you how to apply for the child care guarantee. If you are already receiving TA and are otherwise eligible for the program, you will need to close your TA case in order to get the child care guarantee. If you change your mind and decide you need Temporary Assistance, you can apply at any time.

If you chose to receive child care assistance instead of receiving TA and child care, you will have to pay part of your child care costs. This is called your family share or fee. The amount that you pay depends on your income. Additionally, if your provider charges more than the market rate, you will need to pay the amount that your child care provider charges above the market rate.

You may still be eligible to get Food Stamp benefits even if you request to change your application for Temporary Assistance to a request for child care assistance or to close your TA case. If you change your application or close your TA case to get child care assistance then you will receive a separate eligibility determination for Food Stamp benefits.

If you applied for Medical Assistance at the same time you applied for Temporary Assistance and Food Stamps, and you choose to receive child care assistance only, your application will be referred to the Medical Assistance program for a separate determination. If you are currently receiving Temporary Assistance and request that your case be closed, your Medical Assistance will continue unless you request that it be closed or your circumstances have changed so that you are no longer eligible for Medical Assistance. You should talk to your Medical Assistance worker, if you are requesting that your case be closed due to increased earnings. You may still be eligible for Medical Assistance or you maybe eligible for Transitional Medical Assistance.

You have the **right to request a fair hearing** if you have been denied child care benefits, your benefits have been reduced or discontinued or you have been charged with an overpayment.

For Temporary Assistance Recipients:

Your **Temporary Assistance cannot be reduced or ended** because you are not participating in work activities **if** the reason you are not participating is because **you don't have appropriate, accessible, affordable and suitable child care for a child under the age of 13.**

If you are unable to find a child care provider on your own, your worker must provide you with **two choices** of child care providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or with New York City Department of Health and Mental Hygiene.

You have the **right to be excused from your work activity** if you have a child under 13 years of age and you are unable to find a child care provider that is **appropriate, accessible, affordable and suitable**. However, the time you are excused from your work activity will still count toward your 60-month limit of federally funded and cash Temporary Assistance.

- **Appropriate** means the provider is open for the hours and days needed for you to participate in your work activity, and is willing to care for your child(ren) including any special needs your child has.
- **Accessible** means that you are able to get to the provider by driving your own car or by public transportation and the provider is located within a **reasonable distance** from your home and work. Your worker must tell you what is considered a reasonable distance for your community.
- **Suitable** means the physical or mental condition of a legally exempt (informal) provider or the physical condition of the legally exempt home would not be detrimental to the health or safety of your children.
- **Affordable** means you have enough money to pay your share of the child care cost, if you are required to pay a share of the costs.

You have the **right to request a fair hearing to appeal the decision to reduce or end your Temporary Assistance** if you feel your worker made the wrong decision regarding your refusal to comply with your work activities due to a lack of child care.

10. RIGHTS REGARDING SUPPORT PASS-THROUGH AND EXCESS SUPPORT PAYMENTS - TEMPORARY ASSISTANCE

When you apply for Temporary Assistance and, for as long as you get Temporary Assistance, you assign to your local department of social services your right to get any support payments owed to you or anyone else for whom you are applying for, or getting, Temporary Assistance.

Support Pass-Through: The first \$50.00 of current child support or current spousal support collected each month by your local department of social services will be paid to you ("pass-through" payment). This pass-through payment is not counted against your Temporary Assistance, but may reduce your Food Stamp Benefits. The pass-through payment cannot be more than \$50.00 per month and cannot be more than the monthly amount that the court ordered the noncustodial parent to pay.

When your local department of social services receives current support for you, you will be sent a Monthly Report of Support Received. This monthly report tells you whether or not you will receive a pass-through payment, how much, and why. You should compare this report to your benefits receipts for that month.

You will get the pass-through payment the month after your local department of social services receives current support payments for you. The pass-through payment is paid once a month.

A support payment is "current" if it is paid in the month when it is due. A support payment might be paid on time by the noncustodial parent but received late by your local department of social services. This might happen if an employer is taking the support money out of the noncustodial parent's paycheck but sending it in late. Current support also might be received late if the noncustodial parent is making the support payment in another county or state and that office sends the payment in late. As long as the noncustodial parent pays the support in the month when it is due, and your local department of social services receives the support, you will be paid a pass-through payment for that month.

Excess Support: Child support payments received in excess of the first \$50.00 of the current support collected for the month will be paid to the State and to the local department of social services for reimbursement of up to the total amount of public assistance that has been paid to you. You are entitled to receive any support collected that exceeds the total amount of public assistance paid to you.

Desk Review: If you feel that you may be entitled to a pass-through payment or excess support, you may call **1-888-208-4485** to obtain a form for requesting a Desk Review of your payments. You should request a Desk Review soon after you believe a mistake has been made because a First-Level Desk Review only covers payments for the calendar year of your request and the year before the year of your request. After you send in the completed form and documentation, the local department of social services will review your case and issue you a written response within 45 calendar days of the date that your written request is received, or under certain circumstances, within 75 calendar days. As part of this Desk Review, you will be able to give information to the desk review staff who will review the appropriate records and any information you provide to make a determination as to whether you are owed any child support. You may ask for help getting information to prove that you are owed more money.

If after the First-Level Desk Review has been completed you are not satisfied with the determination, you may ask for a Second-Level Desk Review by completing the Second-Level Desk Review Form provided with your First-Level Desk Review determination. You must request a Second-Level Desk Review within 20 days of the date of the First-Level Desk Review determination. The Second-Level Desk Review is a review conducted by the New York State Office of Temporary and Disability Assistance (OTDA) of the First-Level determination and of any additional but previously unavailable documentation that you provide. The NYS OTDA will conduct the review and will provide you with their determination within 30 calendar days of the date of your request. If you have any questions about this process or need an additional copy of the Second-Level Desk Review request form, you may call 1-888-208-4485.

11. YOUR RIGHT TO ASK FOR RESTRICTED PAYMENT FOR TEMPORARY ASSISTANCE

If you are applying for or are getting Temporary Assistance from the Family Assistance program, you have the right to ask your local department of social services to "**restrict**" all or part of your Temporary Assistance grant to pay your bills such as heat, rent or utilities directly. To "**restrict**" your Temporary Assistance means that a part of your Temporary Assistance will be paid to someone else for you.

For example, if you ask your local department of social services to restrict your rent, your rent money will be sent right to your landlord every month instead of being given to you in your Temporary Assistance cash benefit. To ask that your Temporary Assistance be restricted, ask for a "Request For Voluntary Restricted Payments" form, fill it out and return it to your local department of social services.

You can stop a voluntary restriction by writing to your local department of social services. The voluntary restriction must be stopped within 30 days of when the local department of social services gets your written request. However, the local department of social services may decide to restrict all or part of your grant for administrative ease.

If you request that your grant be restricted to pay for your heat and/or domestic energy bills, your heating allowance and/or budget billing amount for your domestic energy will be restricted from your grant. At least once a year the local department of social services will compare your energy bill(s) to the amount(s) restricted from your grant. If the total amount billed is less than the amount restricted from your grant, the local department of social services may pay you the difference in cash. If the amount billed is more than the amount restricted from your grant, the difference will be recouped from your future Temporary Assistance grants.

Your local department of social services may refuse to restrict your payment when your Temporary Assistance grant is less than the bill you owe.

You can ask about restricted payments even if your Temporary Assistance does not come from the Family Assistance program.

12. YOUR RIGHTS IF YOU ARE SUSPECTED OF FRAUD

If you find out that you are being investigated because your worker thinks you did not tell the truth about your case, you should talk to a lawyer. If you are charged with welfare fraud in criminal court, the court will, if you are eligible, assign a lawyer to represent you at no cost.

13. YOUR RIGHT TO REGISTER TO VOTE

Any person who wishes to register to vote, regardless of whether they are applying for assistance, can obtain Voter Registration form and assistance in filling out that Voter Registration Form at a government office accepting applications for benefits described in this book. That office will also accept a completed Voter Registration Form and forward it to the local board of elections. For further information, you can contact the New York State Board of Elections at 1-800-FORVOTE (367-8683).

14. YOUR RIGHTS REGARDING FAITH BASED SERVICE PROVIDERS

If any of the services and benefits provided are delivered through a religious organization, you have the right to receive services of similar value from a different provider.

YOUR RESPONSIBILITIES

1. GENERAL RESPONSIBILITIES

If you are applying for, or getting Temporary Assistance, Medical Assistance, Food Stamp Benefits, Services, Child Care benefits or other help, you must:

- answer all questions completely and honestly. False answers may result in penalties, including civil or criminal penalties;
- be interviewed. If you miss an interview without telling your worker why, your application may be denied or your case may be closed. If you miss an interview and want to reschedule one, it is your responsibility to tell your worker.
 - For Food Stamp Benefits, reschedule a missed interview before the 30th day after the date you applied to avoid losing Food Stamp Benefits.
 - For child care benefits, if you are applying only for child care benefits you can apply by mail. If your worker cannot determine your eligibility based on what you mailed in, you may be asked to come for an interview.
 - For Medical Assistance, a personal interview is conducted with you or your representative. You may be interviewed by a facilitated enroller, if you are not applying for long term care.
- give your worker the papers and the information needed to find out if you can get help. If you cannot get these papers and information, your worker must try to help you;
- If you are able to work, and are applying for Temporary Assistance, you must accept any job offered to you that you are able to do, even if it would pay you less than Temporary Assistance does. Temporary Assistance will pay you a supplemental grant if you need it.
- If you are a non-legally responsible caretaker relative applying for Temporary Assistance for minor children and not receiving Temporary Assistance yourself, you must provide certain personal information that the federal government requires us to collect and report.
- If minor children applying for or receiving Temporary Assistance have non-applying or non-recipient brothers or sisters who are also minor children living in the same household, you must provide certain information on the non-applying or non-recipient children that the federal government requires us to collect and report.
- You must apply for and pursue any benefit that would reduce and/or eliminate your need for Temporary Assistance.

2. RESPONSIBILITY TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION

When you are applying for or getting help, or when you are a non-legally responsible caretaker relative applying for or getting Temporary Assistance for minor children and not applying for or getting help yourself, you will be asked to provide proof of certain things such as those listed in **"Your Responsibilities", Section 3, "Responsibility To Provide Proof"**.

If you are applying for or getting Temporary Assistance or Food Stamp Benefits, and you or someone else in your case has been found guilty of lying about or concealing money, property or resources, you may lose your Temporary Assistance or Food Stamp Benefits. This is called an **Intentional Program Violation (IPV)**.

If you are found to have committed an IPV by a court or a State Administrative Hearing, you will be "disqualified". This means that you cannot get Temporary Assistance or Food Stamp Benefits for a certain period of time. The length of time will depend on whether you get Temporary Assistance or Food Stamp Benefits and whether you have been found guilty of an IPV before and the monetary amount of the violation.

Besides losing your assistance, if you are found to have committed an IPV, you will have to pay back to your local department of social services the money or Food Stamps Benefits you should not have gotten.

You will either have to pay back the money or Food Stamp Benefits or when you begin to get your benefits again, they will be reduced until what you owe is paid back. If you live with other people and the other people continue to get benefits while you are disqualified, the other people might also get less benefits.

If you are disqualified from getting Temporary Assistance, your Food Stamp Benefits eligibility will be reviewed to determine if you are eligible for continued Food Stamp Benefits. Your Medical Assistance eligibility may be reviewed to determine if you are eligible for continued Medical Assistance.

If you are convicted in a federal or State court of having made a fraudulent statement or representation about your place of residence in order to receive Temporary Assistance or Food Stamp Benefits from two or more states at the same time, you will be ineligible for ten years.

If you did not provide truthful and accurate information when applying for or getting child care benefits, you will have to pay back any benefits that you were not eligible for. If you are convicted of fraud, additional penalties may apply.

If you receive child care assistance or received child care assistance and your case is closed, and you have been convicted of, or voluntarily admit to, fraudulently receiving child care assistance, you will have your child care services suspended or terminated and will not be eligible for subsequent child care services for a period of time determined by the time periods established for Intentional Program Violations listed below.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR TEMPORARY ASSISTANCE:

If you have committed a Temporary Assistance IPV, you will not be able to get Temporary Assistance as follows:

- 6 months Disqualification if this is
- your first IPV, and
 - the IPV is less than \$1,000
- 12 Months Disqualification if this is
 - your second IPV, or
 - the IPV is between \$1,000 and \$3,900
- 18 Months Disqualification if this is
 - your third IPV, or
 - the IPV is greater than \$3,900
- 5 year Disqualification if this is your fourth or subsequent offense

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Temporary Assistance benefits will not be able to get Temporary Assistance for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Temporary Assistance.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR MEDICAL ASSISTANCE:

Medical Assistance does not have its own IPVs. Single individuals and childless couples who are disqualified from Temporary Assistance because of an IPV are also ineligible for Medicaid. All other applicants/recipients who are disqualified for a TA IPV will have their Medical Assistance eligibility determined separately.

INTENTIONAL PROGRAM VIOLATION (IPV) PENALTIES FOR FOOD STAMP PROGRAM:

If you have committed a Food Stamp Benefits Program IPV, you will not be able to get Food Stamp Benefits as follows:

- One year disqualification if this is
 - the first IPV
- Two years Disqualification if this is
 - the second IPV
- Permanent disqualification if this
 - is the third IPV.
- A court can also, in certain instances, bar an individual from receiving Food Stamp Benefits for an additional 18 months.

Anyone found guilty in a court of law of selling or getting **firearms, ammunition or explosives** in exchange for Food Stamp Benefits will never be able to get Food Stamp Benefits again.

Anyone found guilty in a court of law of buying or selling **controlled substances** (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for Food Stamp Benefits will not be able to get Food Stamp Benefits for 2 years for the first offense and permanently for the second offense.

Anyone found guilty in a court of law of trafficking in Food Stamp Benefits worth \$500 or more will never be able to get Food Stamp Benefits again. Trafficking includes the illegal use, transfer, acquisition, alteration, or possession of Food Stamp Benefits, authorization cards, or access devices.

Anyone who makes a false statement about who he/she is or where he/she resides in order to receive multiple Food Stamp Benefits will not be able to get Food Stamp Benefits for ten years.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive Food Stamp Benefits.

3. RESPONSIBILITY TO PROVIDE PROOF

When you are applying for or getting help, you will be asked to provide proof of certain things such as those listed below. Your worker will tell you which of these things you **must** prove. Not all of these things are required for every program. You may have to prove some things for one program and not for another. If you bring proof with you when you first come in to apply for assistance, you may be able to get help sooner.

If you drop documentation off at your local department of social services, you should ask for a receipt to prove what documentation you left. The receipt should have your name, the specific documentation that you dropped off, the time, date, district name and the name of the social services worker who provided the receipt.

If you cannot get the proof you need, ask your worker to help you. If the local department of social services already has proof of the things that do not change, such as your social security number, you do not need to prove them again.

Note: Listed are the most common documents used; the list is not complete. There are other documents that can be used.

WHAT YOU MAY BE ASKED TO PROVE

SOME EXAMPLES OF HOW TO PROVE IT

- | | |
|--|--|
| <ul style="list-style-type: none"> • Who you are | <p>Photo ID, driver's license, U.S. passport</p> |
| <ul style="list-style-type: none"> • Age of each applying household member | <p>Birth or baptismal certificate, hospital records, driver's license</p> |
| <ul style="list-style-type: none"> • Where you live | <p>Current rent receipt, mortgage records, statement from non-relative landlord</p> |
| <ul style="list-style-type: none"> • Shelter Expenses | <p>Current rent receipt, current lease, mortgage records, property and school tax records, sewer and water bills, fuel bills, utility bills, telephone bills</p> |
| <ul style="list-style-type: none"> • Social Security Numbers | <p>Social Security Card or proof that you have applied for social security numbers for everyone in your household who is applying for help.</p> |

NOTE: *For Temporary Assistance, Food Stamp Benefits and Medical Assistance Program*, if we ask you for your social security number, you must provide us with the number if you have one. If we can not verify your number with the Social Security Administration, you will have to provide proof of your social security number. If you do not have a social security number, you must apply for one in order to receive benefits.

For Services Program, some Services, such as foster care, child protective, child preventive, and counseling, are funded by a variety of funding sources, many of which require that a social security number be provided. While applicants for some Services are not required to provide a social security number, these Services may be unavailable to you if you do not furnish a social security number. We are therefore requesting a social security number of all applicants for these Services, in order to help them get all the benefits for which they may qualify.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Citizenship or Immigration Status | <p>Birth certificate, U. S. passport, military service records, naturalization certificate, and United States Citizenship and Immigration Services documentation.</p> |
|--|---|

NOTE: *For the Food Stamp Benefits Program*, citizenship must be documented only if questionable.

The local department of social services district must report the name and address and other identifying information known of any alien who has been determined by the Immigration and Naturalization Service or the Executive Office of Immigration Review, such as in a Final Order of Deportation, to be unlawfully in the United States. This information may be shared with the Department of Homeland Security. This does not apply for Medical Assistance.

For Services Program, some Services are available only to persons with a proper immigration status. We are therefore requesting the Immigration status of all applicants in order to determine the Services for which applicants may qualify.

For Child Care Benefits, you must prove that any child who is receiving child care benefits is legally residing in the United States.

NOTE: *For the Medical Assistance Program*, Identity and citizenship or satisfactory Immigration status must be documented. For the purpose of qualifying as a United States citizen, the United States includes the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands and the Northern Mariana Islands. Nationals from America Samoa or Swain's Island are also regarded as United States citizens for the purpose of Medicaid.

Documents which Establish both Citizenship and Identity

- U.S. passport;
- Naturalization Certificate (N-550 or N-570);
- U.S. Citizenship Certificate (N-560 or N-561).

Documents which Establish Citizenship but also require one identity document from the Identity Documentation list

- U.S. Birth Certificate showing birth in: One of the 50 U.S. States, District of Columbia, American Samoa, Swain's Island, Puerto Rico (if born on or after 1/13/1941), Virgin Islands of the U.S. (on or after 1/17/1917), Northern Mariana Islands (after 11/4/1986 (NMI local time), or Guam (on or after 4/10/1899);
- Certification of Report of Birth (DS-1350);
- A Report of Birth Abroad of a U.S. Citizen (FS-240);
- Certification of Birth issued by Department of State (Forms FS-545 or DS-1350);
- U.S. Citizenship Identification Card (I-197 or (I-179);
- American Indian Card (I-872);
- Northern Mariana Card (I-873);
- Evidence of civil service employment by U.S. government (before 6/1/1976);
- Official Military record of service;
- Final adoption decree;
- Federal or State census record; or
- The following documents are acceptable if they indicate a U.S. place of birth and were created at least 5 years prior to the application date:
- Extract of hospital record on hospital letterhead;
- Life or health or other insurance record;
- Institutional admission papers from a nursing facility, skilled care facility or other institution; or
- Medical (clinic, doctor, or hospital) record;

- Other documents: One of the following and must show a U.S. place of birth:
 - Seneca Indian tribal census record;
 - Bureau of Indian Affairs tribal census records of the Navajo Indians;
 - U.S. State Vital Statistics official notification of birth registration;
 - U.S. public birth record that is amended more than 5 years after the person's birth; or Statement signed by physician or midwife who was in attendance at the time of birth.
 - Written affidavit (to be used only in rare instances).

Documents which Establish Identity

- Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska native tribal document.
- Any identity document described in Section 274A(b)(1)(D) of the Immigration and Nationality Act (INA), such as:
 - A valid driver's license issued by State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color;
 - School identification card with a photograph of the individual;
 - U.S. military card or draft record;
 - Identification card issued by Federal, State, or local government with the same information included on driver's license;
 - Military dependent's identification card;
 - Native American Tribal document; or
 - U.S. Coast Guard Merchant Mariner card.

NOTE: For children under 16, school records may include nursery or daycare records. If none of the above documents in the preceding charts are available, an affidavit may be used. An affidavit is only acceptable if it is signed under penalty of perjury by a parent or guardian stating the date and place of birth of the child and cannot be used if an affidavit for citizenship was provided.

Evidence that establishes U.S. citizenship for collectively naturalized individuals

Puerto Rico

- Evidence of birth in Puerto Rico on or after 4/11/1899 and the applicant's statement that he or she was residing in the U.S. possession or Puerto Rico on 1/13/1941; or
- Evidence that the applicant/recipient was a Puerto Rican citizen and the applicant's/recipient's statement that he or she was residing in Puerto Rico on 3/1/1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands

- Evidence of birth in the U.S. Virgin Islands, and the applicant/recipient's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/25/1927;
- The applicant/recipient's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on 1/17/1917, citizen and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/ 25/1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant/recipient's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on 6/28/1932.

Northern Mariana Islands (NMI)(formerly part of the Trust Territory of the Pacific Island (TTPI))

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on 11/3/1986 (NMI local time) and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before 11/3/1981 (NMI local time), voter registration prior to 1/1/1975 and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before 1/1/1974 and the applicant/recipient's statement that he or she did not owe allegiance to a foreign state on 11/4/1986 (NMI local time).

NOTE: If a person entered the NMI as a nonimmigrant and lived in the NMI since 1/1/1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

Immigrant Status

- The following are the most common United States Citizenship and Immigration Services (USCIS) Forms:
 - I-551 Resident Alien Card;
 - I-94 Arrival-Departure Record;
 - I-688B or I-766 Employment Authorization Card;
- United States Citizenship and Immigration Services (USCIS) Form I-797-Notice of Action; or
- Evidence of continuous United States Residence prior to 1972.

NOTE: If you are applying only for Medical Assistance, you do not have to tell us about your citizenship or immigration status, if you are:

- pregnant; or
- an undocumented immigrant applying for Medical Assistance coverage because of an emergency medical condition. (See Medical Assistance section of Book 2, LDSS-4148B for more information on citizenship or immigration status).

- **Whether you are Drug/Alcohol Dependent** Alcohol/Drug screening assessment which may include a drug test. This does not apply to many Medical Assistance applicants, nor does it apply to Family Health Plus, Medicaid Buy-in Program for Working People with Disabilities, Medicare Savings Program or to the Family Planning Benefit Program.
- **Earned Income** Current pay stubs, statement from employer, tax records, business records, statement from roomer or boarder of amount paid for lodging.
- **Unearned Income**

<p><i>Examples of Unearned Income are:</i></p> <ul style="list-style-type: none"> - Child Support or Alimony - Social Security Benefits - Veteran's Benefits - Unemployment Insurance Benefits - Interest and Dividends - Educational Grants and Loans - Worker's Compensation 	<p><i>Examples of Proof of Unearned Income are:</i></p> <ul style="list-style-type: none"> Statement from person paying support, or alimony Current benefit check or current award letter Current benefit check, current award letter, official correspondence from Veteran's Administration Official correspondence from New York State Department of Labor Statement from bank, credit union or broker Statement from school or bank current award letter Current award letter or check stubs
--	--

- **Resources**

Examples of Resources are:

- **Bank Accounts**
- **Checking Accounts**
- **Burial Trust or Fund**
- **Burial Plot or Agreement**
- **Life Insurance**
- **Real Estate Other Than Where You Live**
- **Motor Vehicle**
- **Stocks and Bonds**

Examples of Proof of Resources are:

- Bank books or credit union records
- Bank statements
- Bank statement or copy of funeral agreement
- Statement from cemetery, funeral director or church, copy of funeral agreement
- Insurance Policy
- Deed, appraisal/estimate of current value by real estate broker
- Registration, title, financing information
- Stock certificates, bonds

- **School Attendance of Those Attending School**

School records, statement from school

- **Health Insurance**

Insurance policy, insurance card, statement from provider of coverage, Medicare card

- **Unpaid Rent or Utilities**

Copy of each bill, statement from landlord or utility company

- **Paid or Unpaid Medical Bills**

Copy of each bill and proof of payment if a paid bill

- **Noncustodial parent**

Death certificate, survivor 's benefits, divorce papers, Veteran's Assistance or military records

- **Disabled/Incapacitated/Pregnant**

Statement from medical professional, proof of Social Security Disability or Supplemental Security Income (SSI) benefits

- **Other Expenses/Dependent Care Expenses**

Cancelled checks or receipts, statement from child care provider, court order, statement from aide or attendant

- **Job Search**

Completion of job applications or the Job Search Handbook

If you are applying for **Services (other than Foster Care) only**, you do **not** have to provide proof of the following items:

- **Shelter Expenses**
- **Resources**
- **Unpaid Rent or Utilities**
- **Health Insurance**
- **Paid or Unpaid Medical Bills**
- **Other/Dependent Care Expenses**

If you are applying for **Medical Assistance** only and are seeking coverage of long term care services, you will have to provide proof of your resources. Pregnant women or persons applying for the Family Planning Benefit Program do not have to tell us about their resources. Usually, children up to the age of nineteen do not have to tell us about their resources.

If you are not seeking coverage of long term care services, you will have to tell us about your resources, but you are allowed to attest to the amount of your resources rather than provide proof. When you apply for or renew your Medical Assistance eligibility, you will be told if you must provide proof of your resources.

4. **RESPONSIBILITY TO ENROLL IN THE AUTOMATED FINGER IMAGING SYSTEM (AFIS)**

If you are applying for or receiving regular or emergency Temporary Assistance or Food Stamps Benefits, you must enroll in the Automated Finger Imaging System (AFIS) if you are an adult (18 years of age or older) or if you are the head of household. For the Medical Assistance program, only those applicant/receipts whose Medical Assistance Identification card must contain a photo image are required to enroll in AFIS. This requirement does not apply to Family Health Plus or to the Family Planning Benefit program. Generally, for Medicaid only applicants and recipients, all individuals age 18 and over whose benefit card requires a photo ID must enroll in AFIS. However, there are specific exemptions to this rule, and they may vary by the county in which you live. If you have any questions about whether or not you must be finger-imaged, contact the local department of social services office in your county and inquire how this requirement may apply to your specific situation.

5. RESPONSIBILITY TO REPORT CHANGES

General Information On Changes

If your situation changes in any way while you are waiting to hear about your Application, you should let your worker know as soon as possible.

–You must inform your worker right away of any change in your situation such as income, employment, living arrangements or child care arrangements, or other changes which may affect your continued eligibility or the amount of your benefit.

For Temporary Assistance, you must report changes within **10** days of the change. There is **only one** exception. If you are receiving temporary assistance for a child and you know that the child will be absent from home for 45 days or more, you must report that change within **5** days of knowing that the child will be absent for that long. These reporting timeframes must be met, even when you receive other benefits, such as Food Stamps and Medicaid, and those programs have different reporting requirements. **This is very important for Temporary Assistance since failure to report changes may affect your ongoing eligibility.**

You must inform the agency of any change including, but not limited to, any change in your needs, (for example, the amount you pay for rent goes up or down), income, resources, living arrangements, residence/address, household size, employment, health status, new information about your child's absent parent, health insurance that becomes available to you or your child, immigration/citizenship status or pregnancy. If you are not sure if you should report a change, **REPORT**.

If you are only receiving Food Stamp Benefits and have not been informed that you are a six-month reporter, you must report within 10 days:

- Changes in any sources of income for anyone in your household.
- Changes in your total household earned income, when it goes up or down by more than \$100 a month.
- Changes in your total household unearned income, when it goes up or down by more than \$25 a month, if received from a **public** source (such as Social Security Benefits, Unemployment Insurance Benefits (UIB), etc.).
- Changes in your total household unearned income, when it goes up or down by more than \$100 a month, if received from a **private** source (such as Child Support Payments, Private Disability Insurance Payments, etc.).
- Changes of \$100 or more in court-ordered child support paid to a child outside of the Food Stamp Household.
- Changes in the number of people in your household.
- Your new address, if you move.
- A new or different car, or other vehicle.
- A change in your rent or mortgage expense.
- Increases in your household's cash, stocks, bonds, money in the bank or savings institution, if the total cash and savings of all household members now amounts to \$2,000 or more (\$3,000 or more if one household member is disabled or 60 years old or older).

Whenever you report a change, we must see how it affects your eligibility. Sometimes a change, such as having a baby or your rent going up, may mean that you will get more money or other help. However, a change, such as someone permanently leaving your home, starting a new job or getting more income, may mean that you will get less help.

If you are getting Temporary Assistance, Food Stamp Benefits or Medical Assistance and are **not** required to file Quarterly Reports and are not a Food Stamp six-month reporter, you must tell your worker about changes within 10 days and give your worker proof of the change (such as a pay stub, award letter, landlord statement). If you **do not** report a change, such as more income, and this means that you get too much money or other help, you may have to pay it back. There could also be legal action taken against you. Also, you may not be able to get Temporary Assistance or Food Stamp Benefits for a certain amount of time.

If you are receiving Food Stamp Benefits and are subject to work requirements for Able Bodied Adults Without Dependents (ABAWDS) you must report when your monthly participation in employment or other work activities falls below 80 hours.

The following are examples of the types of changes you must report within 10 days, unless you are a six-month reporter for Food Stamp Benefits:

- You get a job or you lose a job or the hours that you work change.
- The number of people in your household changes. For example:
 - A non-custodial parent returns.
 - A child leaves home or comes back.

- You are pregnant, or you just had a baby.
- Your income or actual work hours change.
- You start or stop getting other income, such as:
 - Social Security Benefits or Supplemental Security Income (SSI)
 - Child support, alimony or any money from a non-custodial parent or spouse
 - Unemployment Insurance Benefits (UIB)
 - Pensions or retirement benefits
 - Worker's Compensation or an accident settlement
 - Money from a roomer, boarder, or from renting a house or an apartment to another person
 - Tax refunds
 - Earned Income Tax Credit (EITC) (Food Stamp Benefits Only)
 - Any other money you get, from working or from other ways.
- Your address changes, the amount of your rent changes or you start getting more help to pay for your housing, such as a subsidy from the government.
- A child under age 18 leaves school (not required if you are applying just for Medical Assistance).
- A child age 16 or older in your home leaves school (not required if you are applying just for Medical Assistance).
- An adult in the home goes into the hospital, gets sick or has a condition which affects his/her being able to work, to participate in an employment activity, or to take care of the children in the household (not required for Medical Assistance).
- You learn any new information about a non-custodial parent, such as where the parent is. (Unless you receive Medicaid Buy-In Program for Working People with Disabilities).
- You get married, separated or divorced.
- You or other family members get health insurance, even if someone else pays for the insurance. (If you are applying for Food Stamp Benefits only, you do not have to report this).
- You or someone who lives with you receives property.
- You or someone who lives with you transfers any property or money.
- You or someone who lives with you gets hurt in an accident, gets medical treatment paid for by Medical Assistance and is suing the person who caused the accident.
- A child will be out of the home for 45 or more consecutive days or 30 days for Medical Assistance.

Requirement To Report A Lump Sum Payment

A lump sum payment is a one-time payment, such as an insurance settlement, an accumulated retroactive monthly benefit, any inheritance or a gambling winning that, when combined with your other countable monthly income, is more than your monthly Temporary Assistance needs (i.e., the Temporary Assistance grant before income is counted). When a one-time payment is small, that is, when it is combined with your other countable monthly income, is less than your monthly Temporary Assistance needs (this is the Temporary Assistance grant before income is counted), it is not considered a lump sum; it is treated as income. If you or any member of your household gets or expects to get a lump sum payment, or a one-time income payment you must tell your worker **right away**. If you get a lump sum payment, and you are getting Temporary Assistance, your grant may be affected as follows:

- 1) If you get a lump sum payment, you may be allowed to keep that portion of the lump sum, which together with your countable resources does not go over the resources limit. This is called the resource set aside. The resource limit is \$2,000 for a person or family, or \$3,000 if the person is, or the family contains, a member age 60 or older.
- 2) If the remaining amount (what is over the resources level) is **less than** your monthly Temporary Assistance needs (this is the TA grant before income is counted), this is the remainder of the lump sum payment, and will be counted as income for the month in which you get it. Be sure to look at the **Exceptions** below.
- 3) If the remaining amount is **more than** your monthly Temporary Assistance needs, you must do one of the following options:

Option 1

- **TURN OVER** the lump sum payment to the local department of social services to pay back the money and help you get in the past.
- If the lump sum payment is less than the amount of the assistance that was paid to you in the past, your case may stay open.
- If the lump sum payment is more than the amount of the assistance that was paid to you in the past, the rules in the "**Keep**" section below apply.

Option 2

KEEP the lump sum payment or the balance of the lump sum payment. Your Temporary Assistance case will then be closed for a certain amount of time. The length of time for which your case will be closed depends on how much the lump sum payment is, and how much your Temporary Assistance needs are.

EXAMPLE: If you get \$4,750 in a lump sum, and had income of \$250 for a total of \$5,000, and you have \$500 in countable resources, you can keep \$1,500 (\$2,000 resource limit-\$500 in resources). This is the resource limit set aside. If you do not turn the remainder (\$3,500) over to the agency, it will be used to figure out how long you cannot get Temporary Assistance. If your monthly Temporary Assistance needs are \$500, your household cannot get Temporary Assistance for 7 months (\$3,500 divided by \$500 needs = 7 months).

Be sure to look at the Exceptions below.

NOTE: If you are receiving child care benefits, some lump sum payments will impact your child care eligibility or the amount of your child care benefits. You must tell your worker about any lump sum payments right away.

EXCEPTIONS

You and anyone who is in your case during the month in which you got the lump sum will not be able to get Temporary Assistance for a certain amount of time, even if the lump sum payment was spent, **unless** one of the following shortens that amount of time:

- Within ninety days of receipt of the lump sum, you document to us that you have used any or all of the lump sum for the following exempt resources:
 - to purchase an automobile that is exempt from the Temporary Assistance resource limit and needed to seek or retain employment or for travel to and from work activities (maximum amount \$9,300, or higher if set by the local department of social services);
 - to open a separate bank account or bank accounts that is exempt from the Temporary Assistance resources limit such as a First or Replacement Automobile Account for the purpose of purchasing an automobile to seek or retain employment (maximum amount \$4,650), or a College Tuition Account for the purpose of paying tuition at a two year post secondary educational institution (maximum amount \$1,400);
 - to purchase a burial plot that is exempt from the Temporary Assistance resource limit; or
 - to purchase a bona-fide funeral agreement (maximum amount \$1,500) that is exempt from the Temporary Assistance resource limit.

If you use up the remainder of the lump sum within 90 days of receipt and document to us that the remainder has gone into one or more of these exempt resources, we will reopen your case back to the date it was closed if you reapply and are found otherwise eligible. If you have questions about using the lump sum on these exempt resources, talk to your worker before you do anything with the money.

Note: If the local department of social services determines you have not used any of these exempt resources (set-asides) for the purposes for which they were intended (i.e. you later close out or remove funds and do not use these bank accounts for the purpose for which these funds are set aside, or you otherwise liquidate burial plots or funeral agreements etc.) the local department of social services may calculate an overpayment of assistance granted.

- Something happens which would make your Temporary Assistance go up if you were still getting Temporary Assistance. For example, your rent goes up or you have a special need such as pregnancy.
- Some or all of the lump sum payment was used for a reason that you could not help. Some examples are: your family is faced with an emergency, you have unusually high household expenses such as fuel or shelter or the money is stolen.
- During the time you are ineligible for Temporary Assistance, a family member gets and pays for medical care that would be covered under the Medical Assistance Program.

If your local department of social services finds out that you have countable property or that you may be getting a lump sum payment, they may place a lien against that property or the lump sum payment. This means that before you get any money from the property or lump sum payment, your local department of social services may take the amount of Temporary Assistance you, your spouse and child(ren), including stepchildren, have gotten. Liens may also be placed on personal injury settlements and any real property that you own. Real property includes the home you own and live in, as well as other real estate you may own.

If you are receiving Food Stamp Benefits and you receive a non-recurring lump sum, it will be counted as a resource starting in the month it was received and will not be counted as income.

If you are receiving Medical Assistance, a lump sum payment may affect your eligibility. You must tell your worker right away about any lump sum payments you receive.

6. RESPONSIBILITIES REGARDING YOUR COMMON BENEFIT IDENTIFICATION CARD (CBIC)

To access Temporary Assistance cash or Food Stamp Benefits you will need your Common Benefit Identification Card (CBIC) and Personal Identification Number (PIN). Your CBIC and your PIN will act as your signature when you access your benefits.

It is your responsibility to keep track of your account balances. If you suspect that your accounts have been accessed without your knowledge, you should contact the EBT Customer Service hotline to disable your CBIC. After doing that you should contact your worker to receive a replacement card.

You will be held responsible for Cash and Food Stamp Benefits that are accessed using your CBIC card and PIN. If someone else uses your Common Benefit Identification Card (CBIC) and PIN to access your account, no replacement of benefits will be issued even if you claim that you did not receive those benefits.

It is your responsibility to keep your Personal Identification Number (PIN) secret. You should **NOT** tell your PIN to anyone and you should **NOT** write it on your CBIC card. Never tell your PIN number; even if the person claims to be from the local department of social services and claims to need the information. **NO ONE FROM** the local department of social services **SHOULD EVER ASK YOU FOR YOUR PIN NUMBER.**

If your Common Benefit Identification Card (CBIC) is lost, stolen or damaged call Customer Service at 1-888-328-6399. To get your card replaced you must call your eligibility worker. Misuse or abuse of your card, such as selling it, may result in an investigation by State and/or Federal authorities. Documented violations will result in sanctions including:

- Disqualification from Program, and/or
- Recovery through recoupment/restitution; and/or
- Prosecution

If you have forgotten your Personal Identification Number (PIN) you may call Customer Service at 1-888-328-6399 to select a new PIN. You may also select a new PIN in person at your local department of social services office, or you can ask your worker to have your current PIN mailed to you by the Electronic Benefit Transfer contractor.

You will also need to show your CBIC card to access Medical Assistance services. To access Family Health Plus services, use the card sent to you by the health plan that you have chosen.

7. RESPONSIBILITY TO ACCESS YOUR FOOD STAMP BENEFITS

If you are receiving Food Stamp Benefits with Electronic Benefit Transfer (EBT):

If you are approved to get Food Stamp Benefits, your benefits will be issued to your Electronic Benefit Transfer (EBT) Food Stamp Benefits account on the same date each month. If you do not use your EBT Food Stamp Benefits account for 270 consecutive days, it will fall into expungement status. This means that any Food Stamp Benefits that have been available in your account for at least 270 days will be expunged (removed). Expunged Food Stamp Benefits cannot be replaced.

8. RESPONSIBILITY TO REPAY YOUR BENEFIT OVERPAYMENTS

For Temporary Assistance:

If you get more Temporary Assistance than you should have (overpayment), you must pay it back. If your case is active, we will take back the amount of the overpayment from future Temporary Assistance benefits that you get. If your Temporary Assistance case is closed, the local department of social services will contact you about repayment of the amount you owe.

For Medical Assistance:

Any Medical Assistance Payments made for services you received or premiums paid on your behalf for a period of time when you were not eligible for Medical Assistance may have to be paid back. The local department of social services will contact you about repayment of the amount you owe.

For Food Stamp Benefits:

If you get more Food Stamp Benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp Benefits remaining in your account, or you may pay cash.

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any expunged Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp Benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

For Child Care Benefits:

If you get more Child Care benefits than you should, you must pay them back. If your case is active, your parent share of child costs may be increased or your amount of child care benefits may be reduced until the amount you owe is paid back. If your case is closed, you must still repay the amount you owe or you will not be eligible when you re-apply.

9. EMPLOYMENT RESPONSIBILITIES

For Temporary Assistance:

As an applicant for or recipient of Temporary Assistance you must:

- Continually look for a job, even if you are not assigned to do so, and be prepared to provide evidence that you have been looking for a job. If you need child care in order to look for a job, you must tell your worker.
- Take a job when one is available.
- Participate in an assessment of your ability to work and participate in work activity assignments.
- Unless a determination has been made that you are exempt from work activities, you must participate in work activities as assigned by the local department of social services. You may also be required to get a medical examination or medical statement to participate in a work activity assignment or to verify that you have a medical condition that prevents you from working.
- If a determination has been made that you are exempt from participation in work activities, you may be required to accept medical care or other employment services to restore your ability to work. You may also be required to attend a meeting with the local department of social services and provide evidence to determine whether or not you continue to be exempt from work requirements.
- If you have a temporary waiver from employment activities due to domestic violence, you must meet with a domestic violence liaison prior to the end of each waiver period to determine continued eligibility for the waiver.

If you do not comply with the above listed requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced.

You are considered able to work and must participate in work activities unless you are determined by the local department of social services to be:

- 1) disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- 2) younger than sixteen years of age or sixty years of age or older;
- 3) under the age of nineteen and attending full time a secondary, vocational or technical school;
- 4) needed in the home full time to care for an ill, incapacitated or disabled household member and you are the only one who can reasonably provide such care;
- 5) pregnant and expected to deliver your child within thirty days;
- 6) needed in the home to care for a child under twelve months of age. This exemption shall last no longer than three months after a child is born unless the local department of social services makes a determination to extend the exemption for up to a maximum of twelve months over your lifetime;
- 7) unable to participate due to a lack of child care;
- 8) unable to participate and you have a waiver from employment requirements due to domestic violence granted by a domestic violence liaison.

Sanctions for Failure to Comply with a Temporary Assistance Work Assignment:

If you are not exempt from participation in work activities and do not comply with the above requirements, you or your household may be denied Temporary Assistance or have your household's Temporary Assistance benefits reduced. The length of time the benefits will be reduced depends on whether or not your household contains a dependent child and the number of times you have failed to comply.

For a household with dependent children, the household grant will be reduced as follows:

- the first failure to comply – until you comply,
- the second failure to comply – at least three months and until you comply,
- the third failure and subsequent failures to comply – at least six months and until you comply,

For a household without dependent children, the household grant will be reduced as follows:

- the first failure to comply – at least 90 days and until you comply,
- the second failure to comply – at least 150 days and until you comply,
- the third and subsequent failures to comply – at least 180 days and until you comply.

If a local department of social services official determines that you have intentionally misrepresented that you suffer from an impairment that would limit your ability to participate in work activities, your Temporary Assistance grant may be reduced for a period of time. If you are sanctioned for this reason, the sanction also will continue until you are willing to comply with employment requirements and no longer intentionally misrepresent that you suffer from an impairment. (The fact that medical evidence does not support your claim of an impairment does not, in itself, indicate that you will be sanctioned.)

For Food Stamp Benefits:

Unless you are exempt from work registration requirements as an applicant for or recipient of Food Stamp Benefits you must:

- accept a job or a referral to an actual or potential job opening;
- participate in an assessment of your ability to work;
- provide information regarding your employment status and availability for work;
- participate in work activity assignments.

If you do not comply with the above listed requirements, you may lose your Food Stamp Benefits.

You are deemed to be a work registrant and required to comply with work registration requirements unless you are determined by the social services official to be:

- younger than 16 years of age or 60 years of age or older;
- mentally or physically disabled, incapacitated, ill or injured to the extent that you are unable to engage in work activities;
- subject to and complying with a federally funded (TANF) Temporary Assistance work requirements. If you are assigned to TANF work experience, this exemption from Food Stamp Benefits work requirement does not apply;
- responsible for the care of a dependent child under the age of six. If you are participating in TANF work experience, this exemption from food stamp work requirements does not apply;
- responsible for the care of an incapacitated person;
- an applicant for or recipient of Unemployment Insurance Benefits who is required to register for work as part of the unemployment compensation process;
- a regular participant in a drug or alcohol treatment and rehabilitation program and the local department of social services official determines that you are either unable to work or that assignment to work activities is impractical;
- a student enrolled at least half-time in a recognized school, training program or institution of higher education;
- an applicant for Supplemental Security Income (SSI) and Food Stamp Benefits under the joint processing provisions until you are either determined to be eligible for Supplemental Security Income (SSI) and, thereby, exempt from work registration, or determined to be ineligible for Supplemental Security Income (SSI); or
- 16 or 17 years old who is not head of household or who is attending school or an employment training program at least half-time.

Sanctions for Failure to Comply with a Food Stamp Benefits Work Assignment:

If you are not exempt from participation in work activities and do not comply with the above requirements, you may lose your Food Stamp Benefits. The length of time you will lose your benefits depends on the number of times you have failed to comply.

- the first failure to comply – at least two months and until you comply
- the second failure to comply within a three year period – at least four months and until you comply
- the third and subsequent failures to comply within a three year period – at least six months and until you comply

Additional Requirements for Food Stamp Benefits Recipients who are Able-Bodied Adults without Dependents (ABAWDs):

If you are a work registrant, you may also be required to meet additional Food Stamp Benefits eligibility requirements unless you are:

- under 18 years of age or 50 years of age or older;
- pregnant;
- any adult (including a parent) residing in a food stamp household where a member is under 18 years of age.
- unable to work for at least 80 hours per month due to a physical or mental limitation.

If you are a work registrant and not exempt based on one of the above three reasons, you will only be eligible to receive Food Stamp Benefits for three months in every 36 months unless you are:

- working for at least 80 hours a month; or
- participating in a work program approved by the local department of social services for at least 80 hours a month; or
- fully complying with a work experience assignment.

If you want to continue to receive Food Stamp Benefits beyond the three month limit, your local department of social services must make a qualifying work or training opportunity available to you. Contact your worker to discuss what work or training opportunities are available.

If you lose your eligibility for Food Stamp Benefits because you did not meet the above requirement for three or more months during which you received Food Stamp Benefits, you may begin to again receive Food Stamp Benefits, if otherwise eligible, after you have met the requirement for a 30-day period or demonstrate that you will do so within 30 days following your application for Food Stamp Benefits. You would then be required to continue to work or participate in a work program to continue to receive Food Stamp Benefits.

After you reestablish your eligibility for Food Stamp Benefits by working or participating in a program, if you lose your job or are unable to participate in your assigned program, you may be eligible to receive Food Stamp Benefits for up to an additional three months in the same 36-month period without working or participating in a work program.

For Medical Assistance:

Medical Assistance has no employment requirements. However, to be eligible for the Medicaid Buy-In Program for Working People with Disabilities, an individual must be engaged in work.

10. RESPONSIBILITIES REGARDING CHILD CARE

It is your responsibility to **look for and choose** a child care provider. You must pay promptly any family share of the cost of child care services.

For Temporary Assistance Recipients:

If you need child care in order to participate in work activities and are unable to find a child care provider, you must:

- Let your worker know what you have done to find a provider and ask for help in finding a provider.
- Follow up on all referrals you are given by your worker or other programs that are helping you locate a provider. This means you must contact or visit all providers that you are referred to until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
- If you have contacted all providers you were referred to and are still not able to choose any of these providers, you must let your worker know in writing which providers you contacted and when and why you did not choose any of these providers. Your reasons must include one of the following:
 - - The provider was not open for the days or hours needed or could not care for your child's special needs.
 - You were unable to get to the provider by car or public transportation.
 - The provider was not located within a "reasonable distance" from your home or work activity. Each local department of social services has a different meaning of "reasonable distance". The local department of social services must tell you what reasonable distance means in your district.
 - Friends, relatives or neighbors you considered or contacted were unsuitable.
- If you show that you are unable to locate a provider, your worker must offer you a choice of two providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or New York City Department of Health and Mental Hygiene. You must choose one of these providers or show why they are not appropriate, accessible, affordable or suitable.

- You must continue to look for a child care provider and follow up on all referrals during the time you are excused from your work activity.
- If you cannot show that you were unable to locate a provider and that the two choices of providers offered to you were not appropriate, accessible, affordable, or suitable, then your Temporary Assistance cash grant will be reduced if you fail to participate in your work activity.

11. RESPONSIBILITIES REGARDING CHILD AND SPOUSAL SUPPORT

As a Temporary Assistance applicant or recipient or a recipient leaving Temporary Assistance who is receiving child care, you must cooperate with your local department of social services in establishing paternity and collecting support as follows:

SUPPORT COLLECTION – TEMPORARY ASSISTANCE

When you sign an Application for Temporary Assistance and for as long as you get Temporary Assistance, you turn over to your local department of social services your right to get any support payments owed to you or anyone else for whom you are applying or getting Temporary Assistance.

This means that as long as you get Temporary Assistance, the local department of social services has the right to get current support and past due support (**arrears**).

If you are getting support paid directly to you without a support or paternity order, you must report that money to your local department of social services.

Any collections made will be used to reimburse the local department of social services for assistance provided to you and your children, except for the “pass-through” payment or excess support payments. (**See “Your Rights,” Section 10, Rights Regarding Support Pass-Through And Excess Support Payments-Temporary Assistance”.**)

Even after your Temporary Assistance case closes, your local department of social services will sometimes have the right to the past due support (**arrears**). This means that your local department of social services will take legal action to collect these payments.

As a **Temporary Assistance** applicant or recipient, you must cooperate with the Child Support Enforcement Unit of your local department of social services **unless** you have a good reason not to. If you feel you have a good reason for not cooperating (**“good cause claim”**), you must tell your local department of social services.

Your local department of social services will allow your **“good cause claim”** if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape;
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about your ex-spouse, or the parent of the child, such as that person's social security number, date of birth, address, employer's name and address and any court information related to paternity or support actions. This information will be used to:

- establish paternity of each child born out of wedlock;
- get child support from the non-custodial parent of each child until each child is 21 years old;
- arrange to have your support payments turned over to the Support Collections Unit of the local department of social services.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding. If you believe compliance with any of these requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

In the absence of a “good cause claim,” if you do not cooperate with the Child Support Enforcement Unit, your Temporary Assistance grant will be reduced by 25% for each incidence of non-compliance, and any Temporary Assistance for your children may be paid to another person, called a **“protective payee”**.

If you do not agree with any of the actions of your local department of social services regarding your “good cause claim,” you may ask for a Conference and a Fair Hearing (**See “Your Rights,” Section 5 “Conferences and Fair Hearings”.**)

CHILD SUPPORT COOPERATION – LOW INCOME CHILD CARE ASSISTANCE

If you are seeking child care assistance and your child's other parent is not living with the child, you must demonstrate that there is a court order for child support in place. If you do not have a court order for child support you must demonstrate that you are actively pursuing a court order for child support or demonstrate that you have "good cause" not to pursue child support.

You can demonstrate that you are pursuing paternity or child support either by representation of the local Child Support Enforcement Unit or by private legal representation. Private legal representation means that you are represented by an attorney or can demonstrate that you are pursuing court ordered support on your own behalf.

CHILD SUPPORT REFERRAL AND COLLECTION-FOSTER CARE

If you voluntarily place your child in foster care, or your child has been removed and placed in foster care and you are the child's biological parent, stepparent or adoptive parent, you must cooperate with the local social services district so that the district can determine whether there is a circumstance that exists that would prohibit them from referring you to the child support enforcement unit of the local social services district. If no such circumstance exists, you must cooperate in providing the requested information, including third party health insurance information, and providing any necessary documentation and you have a legal obligation to contribute toward the cost of your child's foster care.

Circumstances or conditions that prohibit a referral to child support are:

- (1) when the appropriate social services official determines that such referral will adversely affect the health, safety or welfare of the child on whose behalf such payments are to be made or other persons in the child's household or will adversely affect the length of the child's placement or impair the ability of the child to return home when discharged from foster care ; or
- (2) when a surrender of a child born out of wedlock has been accepted by the appropriate social services official from the mother or father of such child, the parent surrendering the child must not be referred to the child support enforcement unit of the social services district; or
- (3) in the case of a non-adopting spouse, when a non-adopting spouse is living separate and apart from an adopting spouse pursuant to a written agreement of separation or when a non-adopting spouse has been living separate and apart from an adopting spouse for at least three years prior to the adopting spouse's commencing an adoption proceeding.

CHILD SUPPORT COOPERATION - MEDICAL ASSISTANCE

When you want to get Medical Assistance for yourself and you are also applying for your child under 21, and the child's other parent is not living with the child or will not help with the child's medical bills, you must cooperate with the Child Support Enforcement Unit of your local department of social services. This is not required if you are pregnant, or it is within two months following the month of the end of your pregnancy or you are only applying for the child. You are required to cooperate with the Child Support Enforcement Unit to try to get help from the noncustodial parent to pay for your child's medical bills, and, if your child is born out of wedlock, to establish paternity.

You are required to pursue medical support only. You are not required to pursue or assign your rights to cash support from a noncustodial parent to the local department of social services. If you are applying for Medical Assistance for your child, your child's eligibility will not be affected if you do not cooperate in establishing paternity.

You must turn over your right to collect money for medical bills or health insurance to your local department of social services. You must also cooperate with the department to get health insurance and money for medical bills from people legally responsible for you and your children.

As a Medical Assistance applicant or recipient, you must cooperate with the Child Support Enforcement Unit **unless** you have a good reason not to. If you feel you have a good reason for not cooperating ("**good cause claim**") you must tell your local department of social services. Your local department of social services will allow your "**good cause claim**" if:

- your cooperation with the Child Support Enforcement Unit is likely to cause physical or emotional harm to you or your children;
- your child came from a pregnancy due to incest or rape; or
- you are working with an authorized adoption agency to have your child adopted.

You will be asked to give as much information and/or documentation as possible about the noncustodial parent of the child, such as the parent's social security number, date of birth, address, employer 's name and address and any court information related to paternity or support actions.

This information will be used to:

- establish paternity of each child born out of wedlock for whom you are applying for or getting Medical Assistance, when the child is at least two months old; or
- get health insurance and money for medical bills from the non-custodial parent of each child until each child is 21 years old.

You will also be required to appear, as necessary, at the child support office to provide information or documentation and at any court proceeding.

If you do not cooperate with the Child Support Enforcement Unit, you cannot get Medical Assistance for yourself, unless you have **"good cause"** for not cooperating, or you are pregnant, or it is within two months following the month in which your pregnancy ended.

CHILD SUPPORT DISREGARD - MEDICAL ASSISTANCE

Generally, the first \$50.00 of current child support collected each month is not counted when the local department of social services decides if you can get Medical Assistance. When a child is certified blind or certified disabled, one third of any support payment the child receives from an absent parent is not counted.

SUPPORT YOURSELF

You are required to cooperate in pursuing medical support from an absent spouse or, where applicable, an ex-spouse. You are required to tell us if a spouse or ex-spouse, is, or may be, required to help pay for your medical bills or provide you with health insurance coverage. You must do so unless you are pregnant, within two months following the month in which your pregnancy ended, or you have **"good cause"** not to cooperate.

If you do not agree with any of the actions of your local department of social services regarding your "good cause claim," you may ask for a Conference and a Fair Hearing. (See "Your Rights," Section 5 "Conferences and Fair Hearings.")

12. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING REQUIREMENTS FOR TEMPORARY ASSISTANCE

All adult and head of household applicants for and recipients of Temporary Assistance must complete the Alcoholism and Substance Abuse Screening Questionnaire. After completing the Questionnaire, you may be required to go to a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for a formal assessment to determine whether or not you have an alcohol or substance abuse problem. After completing the assessment the local department of social services will determine what treatment, if any, will be required. If it is determined that a treatment program is required, you must sign a consent form for disclosure of treatment information and must document compliance with your treatment progress to your local department of social services.

If you believe compliance with alcohol and substance abuse assessment or treatment will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you fail to participate in the screening or assessment process or fail to sign the consent form to release information from the treatment program, you will not be eligible for Temporary Assistance and your family's Temporary Assistance grant will be reduced. The Safety Net Assistance program will provide benefits to all otherwise eligible household members.

If you fail to:

- participate in or complete the required treatment;
- document treatment compliance; or
- attend the treatment program that the social services district determines appropriate for you;

you may be sanctioned from receiving Temporary Assistance. Additionally, if you leave a residential treatment program prior to completion, you will not get any personal needs allowance (PNA) which accumulated while you were in the treatment program.

13. RESPONSIBILITY TO COMPLETE ALCOHOL AND SUBSTANCE ABUSE SCREENING FOR MEDICAL ASSISTANCE

Certain Medical Assistance applicants and recipients are required to comply with the alcohol and substance abuse screening, assessment and treatment requirements. The following Medical Assistance applicants and recipients must meet these alcohol and substance abuse requirements: a person who is between 21 and 65 years of age and not pregnant, certified blind, or certified disabled; a husband or boyfriend of a pregnant woman with no other children in the household; a stepparent with no children of his/her own in the household when the birth parent is also in the household; a single individual; or a childless couple.

Persons applying for or in receipt of Family Health Plus or the Family Planning Benefit program are not required to participate in alcohol and substance abuse screening.

14. RESPONSIBILITIES REGARDING THE USE OF MEDICAL ASSISTANCE PROVIDERS

Before you get medical care, you must make sure that the doctor, pharmacist or other person you want help from agrees to bill Medical Assistance. Not all medical providers accept Medical Assistance.

If you need medical care after you apply for Medical Assistance but before you get your Common Benefit Identification Card (CBIC), you must still make sure the provider accepts Medical Assistance. If you have to pay a bill, after you apply for Medical Assistance but before you get your CBIC, we can only pay the bill if you are determined eligible for Medical Assistance and the provider accepts Medical Assistance.

When you are approved for Medical Assistance, you may be able to join a Medicaid Managed Care health plan. In some counties, you may have to join a plan. You will get information from your local department of social services about whether or not you have to join, and your plan choices. If you have a doctor you want to keep seeing, you need to check to see if he or she is in the Medicaid Managed Care health plan you join. When you join a Medicaid Managed Care health plan, you will get a health insurance card from your plan.

You must use your CBIC to access your Medical Assistance Benefits. Even if you join a Medicaid Managed Care health plan, you will still use your CBIC card for some services such as pharmacy. It is important to use your CBIC in a responsible manner when you use it to get medical care.

If you are eligible for Family Health Plus, you must receive all of your health care from the managed care plan that you selected. If you receive another health plan card for the family planning services, you will use that card just for family planning.

If you abuse Medical Assistance, you will be placed in the **Recipient Restriction Program (RRP)**. This program limits the range of Medical Assistance providers from which you receive medical care, unless you have an emergency. A Medical Assistance provider is a person or facility that gives medical care. Some reasons why you might be restricted in your choice of Medical Assistance providers are:

- You are getting care from several doctors for the same problem.
- You are getting medical care more often than needed.
- You are using prescription medicine in a way that may be dangerous to your health.

If you are in the **Recipient Restriction Program**, you may ask to change your single Medical Assistance provider every three months or sooner if there is a good reason.

Some good reasons are:

- You or your Medical Assistance provider moves, and it is hard to get to your provider.
- Your Medical Assistance provider no longer accepts Medical Assistance.
- Your Medical Assistance provider does not want to see you.

The first time you abuse Medical Assistance, you will be assigned to one Medical Assistance provider for two years. If the abuse happens a second time, you will be restricted for a new 3-year period. If you abuse Medical Assistance again, you will be restricted for six years.

15. RECERTIFICATION RESPONSIBILITIES

Federal and State regulations require that your case be reviewed to see if you are getting all the help you should be getting. This review is called Recertification or Renewal.

You will be asked many of the same questions to determine if your circumstances have changed. If you have any questions or have trouble filling out any of the forms, ask for help.

If you miss a required interview without telling your worker why, your case may be closed. Therefore, you must make sure to tell your worker the reason. If you have a good reason, your case will not be closed. An example of a good reason would be being ill on the day of the interview. You must meet all recertification requirements in order to keep getting help. As one of these requirements, if you are asked to provide certain papers or proof, you should do so within ten days, or your benefits may be reduced or stopped.

You will not be required to complete a personal interview to renew your Medical Assistance or Child Care Assistance. Persons receiving Medical Assistance only or Child Care Assistance only will receive a renewal package in the mail with instructions for completing and returning the renewal to your local department of social services. If you are receiving Food Stamp Benefits and Medical Assistance or Food Stamp Benefits and Child Care Assistance, your Food Stamp interview may also serve as your Medicaid renewal or your Child Care Assistance Renewal.

16. MINOR PARENTS RESPONSIBILITIES APPLYING FOR OR GETTING TEMPORARY ASSISTANCE

If you are under 18 and you are a parent who is not married and who is caring for a child and have no children under twelve weeks of age, you must be working toward a high school diploma or its equivalent (if you have not completed high school), or participating in an alternative educational program approved by your worker.

If you believe compliance with minor educational requirements will place you or your children at risk due to domestic violence, you may be eligible for a temporary waiver from this requirement. To obtain a waiver, you must complete the Domestic Violence Screening Form or notify your worker that you want to see a domestic violence liaison for an assessment.

If you are pregnant and under 18 or are a parent who is under 18 and not married, you must live with a parent, legal guardian, or other relative. If your worker determines that this is not possible or not in your child's best interest, the local department of social services will decide if your current living arrangement is appropriate. If it is not, the local department of social services will assist you in finding other appropriate living arrangements.

These rules do not apply to Medical Assistance.

17. YOUR RESPONSIBILITIES REGARDING TEMPORARY HOUSING IF YOU ARE HOMELESS

If you need Temporary Housing Assistance because you are homeless, it is very important that you read this!

You might not get Temporary Housing Assistance if you do not follow some important rules.

Sometimes, if you lose Temporary Housing Assistance because you do not follow the rules, you may be able to get that help again right away if you will follow the rules.

Other times, if you lose Temporary Housing Assistance you may not get Temporary Housing Assistance again for a specified period of time even if you agree to follow the rules. The amount of time that you may lose eligibility for Temporary Housing Assistance will depend on which rule you violate.

Some of the rules that you will have to follow in order to prevent losing Temporary Housing Assistance help are listed below:

- You must help the local department of social services staff to find out if you are eligible for emergency housing assistance.
- You may be required to meet with the local department of social services staff or a person appointed by the local department of social services to help develop an Independent Living Plan for you. If an Independent Living Plan is developed for you, you will receive a copy of the plan. The Independent Living Plan will tell you about the rules that you must follow.
- You must actively look for permanent housing and you must not unreasonably refuse permanent housing that is offered by the local department of social services staff.
- You must behave in a manner that does not interfere with the orderly operation of the Temporary Housing Facility where you are staying. You must not commit acts which endanger anybody's health or safety.

It is important for you to know that if you fail to follow the rules, you and your family might lose eligibility for Temporary Housing Assistance for a period of time!

You will also be required to comply with all the other eligibility requirements for receiving Temporary Assistance, such as complying with employment requirements. If you fail to comply with these other Temporary Assistance requirements, and you do not have good cause for failing to comply, you may be sanctioned, or lose eligibility for Temporary Assistance, depending upon which requirement you fail to comply with. Losing eligibility for a Temporary Assistance grant will make you and your family ineligible for Temporary Housing assistance. Being sanctioned, which will result in a reduction in your grant, may also result in the loss of Temporary Housing if there is not sufficient money in your grant to pay for Temporary Housing.

18. RESPONSIBILITY TO APPLY FOR SUPPLEMENTAL SECURITY INCOME (SSI)

If you have a medical condition that prevents you from working, you **may** be required to file for Supplemental Security Income (SSI).

If you have a physical or mental medical condition or conditions that is or are so bad that it prevents you from working, you must report this information to your worker. If your worker agrees that your medical condition may be preventing you from working, your worker will **require** you to apply for SSI at the Social Security Administration.

This means that:

- You must apply for SSI.
- You must cooperate with all the requirements for SSI.
- You may not withdraw a pending application for SSI while you are receiving Temporary Assistance,
- If your SSI application is denied, you must appeal this denial unless your worker tells you that you don't have to file an appeal.

If you fail to meet these requirements, you will not be eligible for Temporary Assistance.